Application # PRES 1906-0010

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor (Individual Trade Application)

| Owner (s) of Structure: Oates, Patrick+ Erica Phone: 910-1694-3315 |
|--|
| Owner (s) Mailing Address: |
| |
| Land Owner Name (s): Dates Phone: 910-694-3315 |
| Construction or Site Address: 404 5. 15th 5t ERWID. 38339 |
| PIN # Parcel # |
| 10h Cost \$200 |
| Job Cost: 200 Description of Work to be done Plumbing for walk in |
| tub replacing existing tub |
| Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other |
| Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other * For Progress Energy customers we need the premise number |
| Plumbing: Water/Sewer Tap Number of Baths Water Heater |
| Specific Directions to Job from Liffington: |
| Right on was 421 toward Erwin -7 Right on 217 -> |
| Right on W.E. St > Left on 5 15th, house (404) |
| 0.14.7.7 |
| Subdivision: Lot #. |
| Tames C Ganata Kurumatana Dhinahina |
| (Contractors Name) will provide the Plumbing labor on this structure. |
| I am the building owner or my NC state license number is 14431, which entitles me to |
| perform such work on the above structure legally. All work shall comply with the State Building Code and all |
| other applicable State and local laws, ordinances and regulations. 704-309-0163 (James mobile) |
| J+ K Gamble Enterprises, Ltd 201-8910-7252 (1sted on license) Contractor's Company Name Telephone |
| The state of the s |
| Address Email Address J |
| 14431 |
| License # |
| Structure Owner / Contractor Signature: MW (Mu) Date: |
| By signing this application you affirm that you have obtained permission from the above listed license holder to ourchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or self- the listed property for 12 months after completion of the listed work. |
| Contact Kin Gamble for payment (700 506-3543 |

*Company name, address, & phone must match information on license

Application #_PRESIGOU-0016

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.hamett.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application)

| Owner (s) of Structure: Dates, Patrick + ERica Phone: 910.694.3315 |
|---|
| Owner (s) Mailing Address: |
| Land Owner Name (s): Ontes Phone: 910-1694-3315 Construction or Site Address: 404 S, 15th St ERWIN, 28339 PIN# Parcel# |
| Jetted which in tub |
| Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other |
| Electrical": 200 Amp <200 Amp Service Change Service Reconnect Other * For Progress Energy customers we need the premise number |
| Plumbing: Water/Sewer Tap Number of Baths Water Heater |
| Right on W.E.St, Left on 5,15th, house (404) on right |
| Right on W.E.St. Left on S. 15th, house (404) on right |
| Subdivision:Lot#: |
| will provide thelabor on this structure. (Contractors Name) (Trade) |
| am the building owner or my NC state license number is, which entitles me to |
| perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations. |
| Electrical Unlimited, Toc 904-857-7935 Contractor's Company Name Telephone |
| 230 Knoll View DR, Salisbury UC 28147 acmoss 670 gmail.com Email Address |
| 11849 (See affidavit) |
| Structure Owner / Contractor Signature: Willelly H. Son De Date: |
| By signing this application you affirm that you have obtained permission from the above listed license holder to burchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work. |
| Contact Kim Ganide for payment (904) 506-3543 |

*Company name, address, & phone must match information on license